



BURKE COUNTY
ANIMAL HOSPITAL

Dentistry Authorization Form

I am the owner (or owner's agent) of _____. I understand that I am authorizing the veterinarians of Burke Co. Animal Hospital to perform the following procedure(s):

_____ I would like for preoperative bloodwork to be done before anesthesia (\$98). Bloodwork is recommended for all dogs, and it is **required** for any dog 10 years old and older.

_____ I would like for the veterinarian performing the dentistry to call me before any teeth are removed. I understand that if I do not answer the phone call, that no teeth will be removed and my pet may need to undergo an additional anesthetic procedure if extractions are recommended.

_____ I would like for the veterinarian performing the dentistry to use her professional judgement and remove any teeth that are found to be diseased. I understand that this will lead to additional charges, depending on how many teeth require extraction.

I understand that during the performance of the procedure(s) that I have authorized, unforeseen conditions may arise. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary in the exercise of the veterinarian's professional judgment. I also do hereby acknowledge that I understand that there are no guarantees either expressed or implied that the procedures authorized will be without complications from unexpected events beyond the veterinarian's and hospital's control.

Name & Signature _____ Date _____

Phone number where I can be reached today: _____